## Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/754,390
Confirmation No.	7753
Filing Date	January 9, 2004
First Named Inventor	Prasad et al.
Group Art Unit	3727
Examiner Name	Muller, Bryan R.
Attorney Docket No.	100196
Leydig Reference No.	223279

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	1. Submission required under 37 CFR 1.114										
	a.   Previously submitted										
		i.									
		(Any unentered amendment(s) referred to above will be entered.)									
	ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on										
		iii.	☐ Other:								
	b.	$\boxtimes$	Enclosed								
		i.	🛚 Amendm				iv.				
		ii.		s)/Decla	aration(s)		V.			ces listed in For and applications)	m PTO-1449
		iii.	Informati	on Disc	losure Statei	ment (IDS)	vi.	Other:	•		
2.	Mis	scell	aneous								
	a.	$\boxtimes$	Suspension of	of action	on the abov	e-identified	d applicat	ion is requeste	ed under	37 CFR 1.103(d	c) for a period
			of 3 months.	(Period of	suspension sh	all not exceed	3 months;	fee under 37 CFF	R 1.17(i) red	uired.)	
	b.		Applicant clai	ims sma	all entity statu	ıs. See 37	<b>CFR 1.2</b>	7			
	C.		Other:								
3.	Fee	es - <sup>-</sup>	he RCE fee	under 3	7 CFR 1.17(	e) is require	ed by 37	CFR 1.114 wh	nen the R	CE is filed.	
Ψ.	a.	$\boxtimes$						otal amount in			
		i.		•				37 CFR 1.17(			\$810.00
		ii.			, •	• /		R 1.136 and 1.17			\$ 0.00
		iii.						and the fee pa		or of \$ 0.00 is	<b>4</b> 0.00
		ш.						unt of extension			
		iv.						riod noted ab			
		١٧.						nder the prese			
								the appropriat			
		V.									\$130.00
		vi.	Other:		• • • • • • • • • • • • • • • • • • • •	(-,		(.,,,			
		vii.	☐ Claim fee	<b>a</b>							
		VII.	CLAIMS		HIGHEST						
			REMAINING		NUMBER	EXTRA		Add'L		Add'L	
			AFTER		PREVIOUSLY	CLAIMS		CLAIM		CLAIM	
CLA	ім Е	EE	AMENDMENT		PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
Тот	AL		21	Minus	21	= 0	x 26 =		x 52 =	\$0.00	
IND	EPEN	IDEN.	2	Minus	3	= 0	x 110 =		x 220 =	\$0.00	
	FIRST PRESENTATION OF MULTIPLE CLAIM + 195 = + 390 = 0										
									<del>-</del>	oosit Account	\$940.00
	b.	$\boxtimes$							in the ab	ove fees or to	
	credit any overpayments to Deposit Account No. 12-1216.										

In re Application of Prasad et al. Application No. 10/754,390

## REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED								
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763					
Signature	Se Kild, Jr.	Date	March 23, 2011					
Address	Leydig, Voit & Mayer Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)					